

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

## DEPARTMENT OF PUBLIC HEALTH AND WELFARE

2745 -63-013592  
STATE FILE NUMBER

DO NOT WRITE  
ON THIS STUB

AMENDED

Registration District No. **218** Primary Registration District No. **1003** Registrar's No. \_\_\_\_\_

|  |   |   |  |
|--|---|---|--|
| <b>1. PLACE OF DEATH</b><br>a. COUNTY _____<br>b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>St. Louis</b><br>Length of stay in 1b _____<br>c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>Homer G. Phillips</b><br>Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>  |   | <b>2. USUAL RESIDENCE</b> (Where deceased lived. If institution: Residence before admission)<br>a. STATE <b>Missouri</b> b. COUNTY _____<br>c. CITY OR TOWN <b>St. Louis</b> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/><br>d. STREET ADDRESS (If outside, give location) <b>5701 a Clemons</b> Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/> |  |
| <b>3. NAME OF DECEASED</b><br>First Middle Last<br><b>Sylvester Merriweather</b><br>(Type or print)  |   | <b>4. DATE OF DEATH</b><br>Month Day Year<br><b>March 6, 1963</b>   |  |
| <b>5. SEX</b><br><b>Male</b>   | <b>6. COLOR OR RACE</b><br><b>Negro</b> | <b>7. Married</b> <input checked="" type="checkbox"/> <b>Never Married</b> <input type="checkbox"/><br><b>Widowed</b> <input type="checkbox"/> <b>Divorced</b> <input type="checkbox"/>   | <b>8. DATE OF BIRTH</b><br><b>7/5/17</b> |
| <b>10a. USUAL OCCUPATION</b> (Give kind of work done during most of working life, even if retired)<br><b>Custodian</b>   |   | <b>10b. KIND OF BUSINESS OR INDUSTRY</b><br><b>St. Luke Evangelical</b>   |  |
| <b>11. BIRTHPLACE</b> (City and state or country)<br><b>St. Louis, Mo.</b>   |   | <b>12. CITIZEN OF WHAT COUNTRY</b><br><b>U. S. A.</b>   |  |
| <b>13a. FATHER'S NAME</b><br><b>Sidney Merriweather</b>  |   | <b>13b. MOTHER'S MAIDEN NAME</b><br><b>Mary Watkins</b>   |  |
| <b>14. NAME OF HUSBAND OR WIFE</b><br><b>Ruby Merriweather</b>   |   | <b>15. WAS DECEASED EVER IN U.S. ARMED FORCES?</b><br>(Yes, no, or unknown) (If yes, give war or dates of service)<br><b>No</b>   |  |
| <b>16. SOCIAL SECURITY NO.</b><br>_____  |   | <b>17. INFORMANT</b><br><b>Ruby Merriweather 5701 A. Clemon</b>   |  |
| <b>18. CAUSE OF DEATH</b> (Enter only one cause per line)<br>PART I. DEATH WAS CAUSED BY:<br>IMMEDIATE CAUSE (a) <b>Terminal Cancer of Liver.</b><br>Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. <b>156.2</b><br>DUE TO (b) _____<br>DUE TO (c) _____<br>PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)<br>_____ |   |   |  |
| PART III. If deceased was female was there a pregnancy in last 90 days<br><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown  |   |   |  |
| <b>19. WAS AUTOPSY PERFORMED?</b><br>YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>   |   | <b>20a. ACCIDENT SUICIDE HOMICIDE</b><br><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>   |  |
| <b>20b. DESCRIBE HOW INJURY OCCURRED.</b> (Enter nature of injury in PART I or PART II of item 18.)<br>_____   |   |   |  |
| <b>20c. TIME OF INJURY</b><br>Hour a.m. p.m. Month, Day, Year<br>_____   |   | <b>20d. INJURY OCCURRED WHILE AT WORK</b> <input type="checkbox"/> <b>NOT WHILE AT WORK</b> <input type="checkbox"/>  |  |
| <b>20e. PLACE OF INJURY</b> (e.g., in or about home, farm, factory, street, office bldg., etc.)<br>_____   |   | <b>20f. CITY, TOWN, OR LOCATION</b> COUNTY STATE<br>_____   |  |
| <b>21. I attended the deceased from _____ to _____ and last saw her alive on _____</b><br>Death occurred at <b>9:00 A</b> m on the date stated above, and to the best of my knowledge, from the causes stated.   |   |   |  |
| <b>22a. SIGNATURE</b> (Degree or title)<br><b>Helen L. Taylor, Coroner</b>   |   | <b>22b. ADDRESS</b><br><b>1300 Clark Ave.</b>   |  |
| <b>22c. DATE SIGNED</b><br><b>3-8-63</b>   |   | <b>23a. BURIAL, CREMATION, REMOVAL (Specify)</b><br><b>Burial</b>   |  |
| <b>23b. DATE</b><br><b>3-12-63</b>   |   | <b>23c. NAME OF CEMETERY OR CREMATORY</b><br><b>Father Dickson</b>  |  |
| <b>23d. LOCATION</b> (City, town, or county) (State)<br><b>St. Louis Co., Mo.</b>  |   | <b>24. FUNERAL DIRECTOR</b> ADDRESS<br><b>E B Koonce 1221 N. Grand</b>  |  |
| <b>25. DATE RECD. BY LOCAL REG.</b><br><b>MAR 8 1963</b>   |   | <b>26. REGISTRAR'S SIGNATURE</b><br><b>Earl Smith, M.D.</b>   |  |

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS  
 DATE AMENDED  
 ITEM NO. SHOULD READ  
 INSTEAD OF

DOCUMENT

MEDICAL CERTIFICATION

USE BLACK INK  
 OR  
 TYPEWRITER RIBBON

VS 300  
Rev. 4/59

1

2 **205**

3

4 **2**

5 **1**

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7 **6**

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12 **77-3**

13

**77**

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed

*Oliver E Crumble*

Licensed Embalmer No. 5185

P. O. Address 1221 N Grand ave.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.